2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM **DOCUMENT # P97000095478 Secretary of State** 1. Entity Name ACCURATE DRAFTING & DESIGN, INC. Principal Place of Business Mailing Address 4810 BISCAYNE DRIVE 4810 BISCAYNE DRIVE NAPLES FL 34112 NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. If, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) Applied For City & State City & State 65-0791252 Not Applicat Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MINZEY, KATHRYN M Street Address (P.O. Box Number is Not Acceptable) 4810 BIŚCAYNE DRIVE NAPLES FL 34112 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Eignature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Additt. MAME MINZEY, KATHRYN M NAME U00000416939 STREET ADDRESS 4810 BISCAYNE DRIVE STREET ADDRESS 02/13/06-80037-011 150.00 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 ☐ Delete IIILE ☐ Change The Address NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ITP CITY-ST-ZIP T Aggain 7)11)2 Delete mi Change NAME NAME STREET AUDRECS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete BILLE ☐ Change Adding MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Marrie ☐ Detete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-20P CITY-ST-ZIP THE ☐ Detete ☐ Change A.C. DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an effective with an address, with all other like empowered.

Kothryn M. Minzey COD

SIGNATURE:

FILED